

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 12 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # H39214 (2)

1. Corporation Name

H.T. CHITTUM MANAGEMENT COMPANY, INC.

Principal Place of Business

82748 OVERSEAS HWY  
17071 WEST DIXIE HIGHWAY  
ISLAMORADA FL 33036  
US

Mailing Address

82748 OVERSEAS HWY  
17071 WEST DIXIE HIGHWAY  
ISLAMORADA FL 33036  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/23/1985

4. FEI Number

59-2476691

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 82748 Overseas Hwy  
Suite, Apt. #, etc.

2a. Mailing Address

26 82748 Overseas Hwy  
Suite, Apt. #, etc.

City & State

23 Islamorada FL

City & State

28 Islamorada FL

Zip

Country

24 33036

25 US

Zip

Country

29 33036

30 US

9. Name and Address of Current Registered Agent

CHITTUM, JAYMIE E  
82748 OVERSEAS HIGHWAY  
17071 WEST DIXIE HIGHWAY  
ISLAMORADA FL 33036

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

82748 Overseas Hwy (correction only)

83

84

City Islamorada

FL

85 Zip Code 33036

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD  
CHITTUM, HAROLD T., III  
82748 OVERSEAS HWY  
ISLAMORADA FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D  
NEGLEY, RICHARD  
300 CONVENT ST.  
SAN ANTONIO TX

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D  
HAYNE, PECK  
1221 SECOND ST.  
NEW ORLEANS LA

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DS  
CHITTUM, JAYMIE  
82748 OVERSEAS HWY  
ISLAMORADA FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VT  
CHITTUM, JAYMIE  
82748 OVERSEAS HWY  
ISLAMORADA FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Jaymie E. Chittum

Jaymie E. Chittum

3/8/98

305-114-4421

CR2E034 (10/97)